

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 09/01/2009 to 06/30/2010
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP): ROMOLAND SCHOOL DISTRICT

2. LCP I.D. Number (assigned by DIR): 2004.0442

3. Date of Initial Approval: September 21, 2004

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

David Guckert, Director of Maintenance, Operations, Transportation and Facilities

25900 Leon Road

Homeland, California 92548

T: 951.926.8264

F: 951.926.9684

Email: dguckert@romoland.k12.ca.us

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

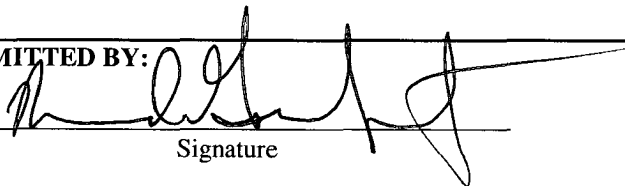
Please check one: ☐ Yes If Yes, proceed to item 6 on the next page

☒ No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,
455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

If possible, it would be great to have a link to access school district and annual reporting due date.

SUBMITTED BY:


Signature

David Guckert, Director, MOT & Facilities
Name and Title

October 27, 2010
Date